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CONFIRMATION NO. 3875

SERIAL NUMBER 10/632,737	FILING OR 371(c) DATE 07/31/2003 RULE ✓	CLASS 544 424	GROUP ART UNIT 1616 ✓	ATTORNEY DOCKET NO. 01261/2/US ✓
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APPLICANTS
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**** CONTINUING DATA *******
 This application is a CIP of 10/119,129 04/09/2002 ABN which claims benefit of 60/284,381 04/17/2001 and claims benefit of 60/326,952 10/04/2001
 This application 10/632,737
 claims benefit of 60/399,862 07/31/2002
 and claims benefit of 60/399,776 07/31/2002
 and claims benefit of 60/399,863 07/31/2002
 and claims benefit of 60/399,808 07/31/2002

**** FOREIGN APPLICATIONS *******
 NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 11/08/2003

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: [Signature] Initials: [Initials]	STATE OR COUNTRY MI ✓	SHEETS DRAWING ✓	TOTAL CLAIMS 20 31	INDEPENDENT CLAIMS 1 ✓
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ADDRESS
26648 ✓

TITLE
Pharmaceutical dosage form comprising a sulfite compound ✓

FILING FEE RECEIVED 1110	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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